



**SENECA NATION HOUSING AUTHORITY**  
 50 IROQUOIS DRIVE 44 BENECA STREET  
 IRVING, NY 14081 SALAMANCA, NY 14779  
 (716) 532-5000 (716) 945-1290

Submit Verification of Income:  
 8 pay stubs , Income Tax, Payroll Summary, Disability, Social Security, Social Services, Pension Award, Statement of Zero Income, or Notarized statement of Income.

## HOMEOWNERS ASSISTANCE FUND PROGRAM RECERTIFICATION FORM

<b>NAME :</b>	
<b>ADDRESS :</b>	<b>CITY / STATE :</b>
<b>PHONE # :</b>	<b>E-MAIL:</b>

**FAMILY COMPOSITION:**

	NAME	RELATIONSHIP	DOB	SEX	SS#	ENROLLED SENECA	OTHER
1							
2							
3							
4							
5							
6							
7							
8							

**INCOME (LIST ALL PERSONS OVER THE AGE OF 18 WHO ARE EMPLOYED) :**

	NAME	MONTHLY RATE	HOW LONG	PLACE OF EMPLOYMENT
1				
2				
3				
4				

**OTHER SOURCES OF INCOME :**

	NAME	SOURCE, ADDRESS	MONTHLY RATE
1			
2			
3			
4			

**MORTGAGE :**

<b>ADDRESS :</b>	<b>CITY / STATE :</b>
<b>PHONE :</b>	<b>HOW LONG :</b>

<b>UTILITY COMPANY NAME::</b>	
<b>ADDRESS :</b>	<b>CITY / STATE :</b>
<b>PHONE # :</b>	<b>ACCOUNT:</b>

<b>UTILITY COMPANY NAME :</b>	
<b>ADDRESS :</b>	<b>CITY / STATE :</b>
<b>PHONE # :</b>	<b>ACCOUNT # :</b>

<b>UTILITY COMPANY NAME :</b>	
<b>ADDRESS :</b>	<b>CITY / STATE :</b>
<b>PHONE # :</b>	<b>ACCOUNT # :</b>

<b>UTILITY COMPANY NAME :</b>	
<b>ADDRESS :</b>	<b>CITY / STATE :</b>
<b>PHONE # :</b>	<b>ACCOUNT # :</b>

<b>PREVIOUS HAF ASSISTANCE :</b>	
<b>MONTHS AWARDED :</b>	<b>AMOUNT AWARDED :</b>

<b>DOES YOUR HOUSEHOLD RECEIVE ASSISTANCE OTHER THAN HAF?</b>	
<b>IF YES, PLEASE LIST :</b>	<b>DATE(S) OF ASSISTANCE :</b>

<p><b>APPLICANT(S) ACKNOWLEDGEMENT :</b></p> <p>I have experienced a reduction in income and/or incurred significant cost (rent and/or utilities), and/or have continued to experience financial hardship due to COVID-19 outbreak.</p> <p><b>Applicant Initials :</b> _____ <b>Co-Applicant Initials :</b> _____</p>
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<b>ATTESTATION (PLEASE EXPLAIN HOW YOU'VE CONTINUED TO EXPERIENCE FINANCIAL HARDSHIP DUE TO COVID-19 IN DETAIL) :</b>

<p><b>GIVING TRUE AND COMPLETE INFORMATION :</b></p> <p>I certify that all the information provided on this application is accurate and complete to the best of my knowledge.</p> <p>I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal law and is grounds for termination of housing assistance.</p>
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<b>SIGNATURE :</b>	<b>DATE :</b>
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<b>CO-APPLICANT SIGNATURE :</b>	<b>DATE :</b>
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<b>FOR OFFICE USE ONLY</b>
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<b>APPROVED/DENIED:</b>	<b>DATE :</b>
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